

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.  
09/936367

FILING DATE

APPLICANT(S)

CLAIMS	* IND. DEP. IND. DEP. IND. DEP.					
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/		/	
2		/	/		/	
3			/		/	
4		3	3		/	
5			1		/	
6			1		/	
7		1	1		/	
8		1	1		/	
9		1	1		/	
10		1	1		/	
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TOTAL IND.	/				4	
TOTAL DEP.					14	
TOTAL CLAIMS					18	

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS